

# LUMBAR FACET MBB & RFA



**GRADE B**  
MODERATE LEVEL OF CERTAINTY



≥ 50% pain relief from MBB before RFA



Anticoagulation medications should be continued before facet MBB and RFA



Repeat RFA in patients with 3-6 months of relief, up to 2x per year



**GRADE B**  
LOW-TO-MODERATE LEVEL OF CERTAINTY



Sedation should not be routinely used before MBB



**GRADE B**  
LOW LEVEL OF CERTAINTY



Use fluoroscopy or CT for RFA



Lumbar facet MBB as diagnostic and prognostic tests before RFA



Electrode in an orientation parallel or near-parallel to the nerve



Motor stimulation may increase safety and effectiveness



**GRADE C**  
LOW-TO-MODERATE LEVEL OF CERTAINTY

**#1**

Single block before RFA, although using multiple blocks may improve RFA outcomes



**GRADE C**  
LOW LEVEL OF CERTAINTY



3-month trial of different conservative treatments before facet joint interventions



Lumbar MBB < 0.5 mL  
IA injections < 1.5 mL



larger lesions increase the chance of capturing nerves



Sensory stimulation should be used with single lesions



Real-time contrast injection to r/o intravascular uptake



Injection of steroid after RFA may prevent neuritis



Interference with implanted electrical devices



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Consensus Practice Guidelines on Interventions for Lumbar Facet Joint Pain from a Multispecialty, International Working Group.  
Cohen S. et al. RAPM 2020